# **EXPANDED FOSTER CARE PROGRAM (EFCP)**

# **REVISED 12/12/18 – CHANGE NO. 05-18**

# I. EXPANDED FOSTER CARE PROGRAM (EFCP)

Former or current foster care adolescents, ages 18, 19, and 20 are eligible for Medicaid if they were in a state foster care on their 18th birthday.

# II. APPLICATION

- A. A signed application is required.
- **B.** The child must:
  - 1. Be age 18, 19, or 20,
  - 2. Have been in foster care at age 18 and enrolled in a state Medicaid program.
- C. Contact the social worker to verify a child was in foster care on his 18th birthday.
- D. Evaluate eligibility for Medicaid programs following the hierarchy below:
  - 1. MAGI, excluding NCHC
  - 2. MAF-M. Do not authorize as medically needy unless the deductible can be met as of the date of the application.
- E. If eligible authorize ongoing Medicaid eligibility for 12 months.
- F. If ineligible, evaluate for all other Medicaid programs.
- G. Send appropriate notice.
- H. Evaluate the retroactive period to determine whether there is a medical need.

If eligible during the retroactive period, authorize Medicaid for 1, 2 or 3 months as appropriate.

Refer to Job Aid: Expanded Foster Care Program

## III. RECERTIFICATION

- A. A recertification must be completed at least every 12 months.
- B. Evaluate eligibility for Medicaid programs following the hierarchy below:
  - 1. MAGI, excluding NCHC
  - 2. MAF-M. Do not authorize as medically needy unless the deductible can be met as of the date of the application.
- C. If eligible authorize ongoing Medicaid eligibility for 12 months.
- D. If ineligible, evaluate for all other Medicaid programs.
- E. Send appropriate notice.

# IV. CHANGE IN SITUATION

When changes are reported, evaluate and take appropriate action.

- A. Individual turns age 21, evaluate for all other Medicaid programs.
- B. Individual moves out of North Carolina, inform them that they must apply for Medicaid in the state they currently reside, terminate case.
- C. Send appropriate notice.